Disaster Preparedness - Lessons Learned from Katrina and Gustav
Charles A. Cefalu MD, MS
Professor and Chief, Section of Geriatric Medicine
Medical Director, LSU Affiliated Nursing homes
LSUHSC, NO, La.

Objectives of this presentation
At the end of the presentation, the participant will be able to:
- Discuss the various medical and psychosocial effects of a Mass Disaster on the Elderly
- Discuss the impact of a Mass Disaster on an Academic Medical Center
- Discuss the components of an Effective Disaster Plan for a LTC facility
- Carry out a Mock Disaster involving multiple scenarios at your institution

Juggling Personal and Professional Issues After Katrina
- Personal major damage to personal dwelling
- Marital Stress-losses of Home and possessions
- Spouse personal stress of care giving for aging in-laws and dealing with their losses and stresses
- Stabilizing the Academic Program
- ACGME Issues for LSU and the Program
Facts About Hurricane Katrina/Rita

- Worst natural disaster in US History
- New Orleans was second worst City for Crime
- New Orleans had little crime for a period of time and then it returned.
- Baton Rouge doubled in size overnight from 400,000 to 800,000 population
- 180,000 homes declared a complete loss
- Political experts predict that New Orleans will cease to be a stronghold for the Democrats

Shocking Statistics About How The Elderly Faired after Katrina

- 75% of those who died were over the age of 75.
- A majority could not be definitely identified
- At last count, approximately 1,350 dead
- 40 nursing home patients in St. Bernard Parish abandoned by staff
- 40 inpatients at NO area Acute Care Hospital abandoned

Communications a Major Problem for affected persons

- Cell phones in the NO Metro area with 504 area code was a major problem due to damaged and wet cell towers
- Cell phones with other area codes often busy with poor reception due to overload of calls
- All radio stations broadcasted from Associated Broadcasters-WWL, Radio to national audience for 10 weeks after Katrina
- Lack of mail service and FedEx early on
- Depending on specific area
MCL/LSUHSC Geriatric Patient Population
- Principally minority
- Principally low income
- Principally low socioeconomic status
- This population mostly displaced to areas outside of Louisiana during the evacuation process
- MCL “Charity” and “University” Hospital primarily served the indigent minority socioeconomically disadvantaged Metro NO population-25,000 inpatient admissions, 400,000 outpatient visits, and 140,000 emergency visits per year

Contact with MCL Patients after Katrina
- One patient from Georgia called the mobile-referred to Grady Hospital
- One patient from Houston-referred to Carmel Dyer MD
- One patient in Baton Rouge-referred to Earl K. Long Hospital (70 miles from NO) for medical care
- One patient referred to Kenner Regional Medical Center to the LSU FP Program there
- Other calls involved prescription referrals and advice on where to go.

Mental Disorders in the NO Metro area as a result of Katrina
- Depression-a risk factor for earlier onset of Alzheimer’s disease
- Anxiety states
- PTSD-Post Traumatic Stress Disorder
- Psychosis
### Infection Control Issues for Evacuees Returning to NO after Katrina

- Diphtheria Tetanus
- Hepatitis A and B
- Inhaled Molds and toxins-lung infections

### Support Services provided to Caregivers of Seniors After Katrina

- University of Monroe Gerontology Department-Jim Bulot MD-Internet Communication
- Alzheimer’s Association of La-Chastity Frederic-coordinated Alzheimer’s Support Services for Caregivers with the assistance of the La. Geriatrics Society and the Governor’s Office of Elderly Affairs-Seminars provided at key areas around the state

### NO Hospitals That Closed after Katrina as a result of major damage

- Baptist Hospital-Tenet-reopened in November 2007
- Mercy Hospital-Tenet-still closed
- Charity and University Hospital (University Hospital opened in November 2006 with 80 beds now: 200 plus beds, shortage of clinic space-
- Touro Hospital-reopened after one month
- Tuhane Hospital-opened in mid Feb 2006
- Methodist Hospital-still closed
- Kenner Regional Hospital-opened in September 2005
- East Jefferson Hospital-stayed open (in Jeff Parish)
- Ochsner Hospital-stayed open (in Jeff Parish)
Private Hospitals Who accepted LSU Residents and Fellows

- Ochsner Foundation Hospital-Jefferson Parish, La. (NO Metro area)
- Touro Infirmary (NO)
- East Jefferson Hospital (Jefferson Parish, La. (NO Metro area)
- Lakeside Hospital-Jefferson Parish, La. (NO Metro Area)
- Northshore Hospital (Tenet), Slidell, La.
- Kenner Regional Hospital-Kenner, La. (NO Metro area)

February 2006

- All LSU Program Directors and Department Chairs met at the Administration Building of LSU Health Science Center in NO to determine how "caps" for designated Medicare Direct and Indirect funding for resident and fellows slots would be divided among various LSU state teaching institutions and private hospitals providing training to previous Charity based residents and fellows which included 360 slots!

Dealing With Professional Issues During First Month After Katrina-

- Problem-moving the Clinical and Training Geriatric Program from "Charity" Hospital to another teaching hospital
- LSU/MCL Geriatric Clinical and Training Program the only state supported or community program in the state and small and very new-two trainees began after July 1.

- Advised by LSU Health care Division of Hospitals to seek out another public state teaching hospital to prevent loss of funding.
Salvaging a Geriatric Academic Program

- All LSU employees granted special emergency leave to take care of personal issues
- LSU Geriatric Clinical and Training Program-
- Trainees provided with concentrated nursing home experience in Kenner, La. during first month after Katrina
- Negotiations with private practice geriatricians in Baton Rouge proved unsuccessful during the first month after Katrina

Salvaging a Geriatric Academic Program

- Negotiations with private practice geriatrician in Shreveport proved unsuccessful
- Negotiations with private Hospital on Northshore (located 25 miles from NO in home town) proved unsuccessful
- Discussions with LSU Healthcare Division of Hospitals and Medical Director of UMC (Lafayette Charity Hospital) allowed transfer of services 120 miles to the west also affected by Rita

Funding Issues for LSU Geriatric Clinical and Training Program

- $20,000 from the American Geriatrics Society-provided housing assistance for faculty and fellows
- A match of $20,000 from the John A. Hartford Foundation-provided housing assistance for faculty and fellows
- Applied to Disabilityfunders.org-rejected
Funding Issues

- Application submitted to AARP Foundation - rejected
- Application from Grant makers in Aging-New Program Announcement that provided $106,000 grant to provide Home care services to indigent elderly served by Charity Hospital and serves soon to be continued past grant period by University Hospital (sister Campus of Charity Hospital)

Funding Issues

- Developing a strategic plan to present to the Dean and Chancellor to support a 3-5 year plan to rebuild and expand the LSU Geriatric Clinical and Training Program through internal support and external grant sources

La. Geriatrics Society

- Served as an emergency financial intermediary in the beginning for transfer of emergency funds from AGS and Hartford to prevent unnecessary delay of reimbursement of housing and travel for LSU geriatric faculty and fellows at the Program in Lafayette, La.
Accreditation Issues - LSU Geriatric Program

- All Programs had to submit new agreements to ACGME by November 14 indicating new affiliation agreements with hospitals or other institutions for training residents and fellows (geriatric psychiatry, physical medicine and rehabilitation, nursing home, hospice, palliative care, major teaching hospital, etc).

Future of the LSU Geriatric Clinical and Training Program - Options for the Future

- Permanent status in Lafayette at UMC (Lafayette Charity Hospital)
- Temporary status until New University Hospital is built or alternate Hospital options become available with time frame of 3-5 years as an estimate
- Develop new Clinical and Training Program in NO starting immediately

ACGME Issues

- Current LSU (Louisiana) based Geriatric Training Programs are sponsored by:
  - UMC in Lafayette-based at LSU affiliated state teaching hospital and housed in LSU family practice residency (where original LSU Charity Geriatric Program was located)
  - LSU School of Medicine in NO in organization phases: Rebuilding of Academic Teaching Program in progress through:
    - affiliation with a combination of private LSU affiliated nursing homes (where the Chief of Geriatrics serves as Med Director and primary care physician)
    - Area Hospice
    - Affiliation with LSU teaching private hospitals in New Orleans Metro area
    - University Hospital affiliation
Accreditation Issues-LSU Geriatric Program

- All Programs had to submit in writing clinical rotations and experiences and written agreements with various training sites by November 14.
- Site visit for all Clinical Programs occurred on November 21 in Baton Rouge (current site for first and second year medical students) with each program represented by:
  - Program Director
  - Faculty member
  - Resident or fellow representative

The LSU Geriatric Training Program

- Pre Katrina, it was the only state supported or community program in the state of LA with only two fellows.
- One fellow started in July and the other one on September 1, 2006.
- The other one—the Tulane VA Geriatric Medicine Fellowship disbanded shortly after Katrina and is not operational since VA does not operate a Hospital four years later.

Academic Fall Out from Katrina

- Loss of Administrative Assistant due to miscommunication.
- One geriatric faculty member lost in early February due to leave without pay status and classified as a Furlough status.
- 200 plus LSU and Tulane faculty furloughed in early January due to budget problems.
- LSU Board of Supervisor approval for any faculty member who is reinstated.
Four years later-The Section of Geriatric Medicine at LSUHSC

- No programs at the "Charity Hospital" and only limited one (home care) at the remaining University Hospital
- Program before Katrina-100% state funding
- Program Post Katrina-funding from:
  - Hartford Foundation grant
  - Contracts from three area nursing homes in the NO/Metro area and an area Hospice
  - Hospital Admissions to two LSU affiliated private hospitals on both sides of the City
  - Outpatient clinics at two Hospital clinic sites.
  - Agreement to serve as Corporate Medical Director for LSU affiliated Not for profit Nursing Home Chain

The Nursing Home Evacuation Plan

- La. Nursing Home Assn had recently formulated an evacuation plan for its 300 plus members
- Roughly 120 homes affected by Katrina in NO/Metro area
- LSU TV Broadcast to the NO Metro area to discuss the plan occurred several weeks before Katrina.

La. Healthcare Review Organization

- Serves as Medicare’s LTC review organization in Louisiana for nursing home quality care
- Had weekly teleconferences with physicians across the state for several months after Katrina to provide assistance and communications/advice to displaced physicians, clinics, and hospitals.
- LTC Committee (Workforce) group also met monthly to provide assistance and advice to nursing homes
Workforce Group Recommendations

- Hurricane Preparedness—Advance Planning
  - Hurricane plans should be reviewed every year
  - Contract with 2 evacuation sites—one east and one west
  - Review your bus service contract
  - Stock extra medications during hurricane season; keep these supplies separate
  - Choose a pharmacy that keeps backup electronic medical records
  - Keep Hurricane supplies separate from regular supplies

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Workforce Recommendations

- Evacuating
  - Leave as early as possible
  - Make up emergency kits for each bus
  - Designate a person to be the first on arrival to direct activities at the evacuation site
  - Notify families regarding the evacuation
  - Staff buses by acuity of residents
  - Place roommates on bus together
  - Triage residents by ambulatory or functional status
  - Use of diapers versus catheters make sure all residents toilet prior to getting on bus

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Workforce Recommendations

- Identification of residents
  - Use of armbands
  - Make pictures of all residents

- Supplies/Equipment
  - Each bus with separate supplies
  - Order extra medications
  - Have ice and water in each bus
  - Send large equipment ahead of bus
  - Make sure oxygen tanks are secure on bus
Workforce Recommendations

Weathering the Hurricane
- Use of some type of radio system; adequate communications—many hospitals or facilities could not communicate with each other
- Designate a local hospital in route to serve as a common communications point

Workforce Recommendations

Security—after the Hurricane, break-ins
- Power-making sure a large enough generator is secured for after the Hurricane especially as it relates to powering the ice maker

Workforce Recommendations

Vital identification and records
- Armbands for residents and pictures
- Supplies—chain saws, tarps, and plenty of IV fluids
- Pharmacy supplies need some type of backup computer records stored in a different geographical area
- Transportation— for employees coming to work after Hurricane—an emergency transportation system
- Serving as an Evacuation Shelter
Workforce Recommendations

- Serving as an Evacuation Shelter
  - Resident population may double overnight
  - Triage residents upon arrival
  - Place residents in rooms and areas of the nursing home according to their needs—tube feeding versus bed bound which allows rooms to be stocked quickly.
  - Arriving facility should bring identification of residents and medicine sheets
  - Partner with Schools of Nursing to use as a resource to man shelters or help out at nursing homes.

Workforce Recommendations

- Need for local law enforcement early and security in the nursing home parking lot
- Residents need to know how to file for FEMA assistance
- Facilities should have business interruption insurance to cover overhead costs such as payroll, mortgage.
- Consider a computer services contract for back up services in a separate geographic location

The Best Made Plans—Gustav—2008

- Evacuation Plan in place
- Mock evacuation performed—went well
- Buses and Transport vehicles in place
- Families notified
- Evacuating facilities notified and ready
So What Went Wrong-Gustav?

- Hurricane Gustav veered to the left of New Orleans at the last minute and headed for Baton Rouge, 70 miles down the Mississippi River and along the Coast!
- Baton Rouge is enough “inland” that a Hurricane has never hit it, at least since can be remembered!
- Many NO Metro Nursing Homes evacuated to nursing homes in the Baton Rouge Area

The Best Made Plans Can Go Wrong-Gustav

- BR nursing homes accepted residents from NO nursing homes
- BR lost power for days and even weeks with tremendous damage
- Four Hospitals closed over night
- Residents in BR Homes found themselves with double the number of residents and no power!
- How about planning for evacuation routes in two directions-West and North next time?????

Planning for Disasters of Diverse Scenarios

- Nuclear Disaster
- Swine/Bird Flu
- Earthquake
- Wildfires
- Tornado
- Air Borne
- Wind/Rain/Flooding
Diverse and Multiple Disaster Scenarios-What to Expect

- Region specific-(ie Earthquake)
- Hurricane (East or Gulf Coast)
- Wild fires-West Coast
- Airborne, Nuclear-entire US

Disaster Planning Should Not Be An Afterthought!

- "That will never happen here"
- "It is not my responsibility, but that of the federal and state and local government"
- "I have insurance to cover it"
- "We have a generator if we need emergency power, just need to make sure it works"
- "We have enough food in the Freezer to last for weeks"

Disaster Planning Organizations-

- Federal Government
- State Government
- County/Parish
- City
- Nursing Home, Hospital, School, Church
- Red Cross, Volunteers of America, 2nd Food Harvest
Disaster Preparedness Work Groups

- American Geriatrics Society Disaster Preparedness Special Interest Group
- Florida LTC Consortium Funded by the John A. Hartford Foundation
- Baylor Geriatric Education Center-Robert Rouch Ph.D.
- Others

Making the Most of a “Once in a Lifetime Event”

- Doing for yourself rather than waiting for the Parish, state or federal government to come to your rescue
- Staying busy to avoid dwelling on the negative

Keeping It Positive

- Finding any little positive news to lift people's hopes
- Finding the 90 plus year old patient 5 days after Katrina in an attic of a house who was alive and had not had food or water since Katrina
A Little Humor Goes A Long Way

- A House gutted in a Slidell (Northshore) with a sign out in front with debris stacked neatly from one end of the property to the other---------
  
The "Yard of the Month"

A Little Humor

Hurricane Evacuation Instructions for Houston, Texas-
- Hispanics take I-10 to San Antonio
- Cajuns take I-10 East to Lafayette
- Rednecks take Hwy 59 North to East Texas
- Yankees take I-45 South to Galveston
- Longhorns take Hwy 290 West to Austin
- Aggie take 610 Loop

Final Thoughts

- We live in a Modern World of Conveniences in which we take basic essentials for granted, and most importantly fresh water; hot food; hot bath or shower; air conditioning and heat; electricity
- In a disaster, the loss of these basic essentials becomes a necessity and then we realize what we had that millions of people in other countries live without from day to day
Final Thoughts

- We surround ourselves in Silos based on socioeconomic status and feel we are too good to communicate and socialize with others with less material wealth
- In a disaster, we realize that we are all human beings with the same basic needs and it is this that brings out the best in all of us-the giving of kindness, compassion, teamwork and love for our fellow mankind!

A Lost Culture?

- Not likely
- Central Louisiana-the heart of Boudin and Cracklins
- Southwest La-the heart of Crawfish farming
- Lake Ponchatrain-the best fishing in the last 15 years, just not enough boats in the water yet to harvest
- The "French Quarter" remained dry and was the first part of NO that was operational
- Six day Mardi Gras for 2006!

The Story Behind Mardi Gras-The Colors

- 100 years ago
- LSU and Tulane Met in NO
- Tulane took the color GREEN
- LSU took the colors PURPLE AND GOLD

Hence the colors GREEN, PURPLE AND GOLD for Mardi Gras and they have been staunch rivals ever since on and off the fields